



Triad Hindu Temple

2424 Huffine Mill Road, Mcleansville, NC 27301

www.triadhindutemple.org

Ph:(336) 621-5848

Federal Tax ID: 58-1379581

New Temple Fund Donation & Pledge Form

First Name:		Last Name			
Address:					
City:		State:		Zip:	
Phone:		E-mail:			

I (we) hereby authorize **Triad Hindu Temple** to initiate an electronic debit (e-check/ACH) against my bank account according to terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law.

Donation/Month:	Please specify the amount like \$31/51/101/201/251/501/1001/etc.	Starting Month (mm/yyyy):	_ / _ / _																	
Name of Bank:																				
Bank ABA (9 digits):	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> </tr> </table>										Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings									
Account Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> </tr> </table>																			
Name of Account Holder(s):																				

This payment authorization is to remain in full force and effect until I/we _____ (Donor's Name), notify Triad Hindu Temple of its cancellation by sending written notice in such time and in such manner to allow both the Triad Hindu temple and receiving financial institution a reasonable opportunity to act on it, or up to a period of TWO years whichever is earlier.

X _____
Signature / Date

X _____
Signature / Date

Note: Please attach a voided check preprinted with account information.

Donation form can be sent via email to treasurer@triadhindutemple.org